

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | | | |
|---|---|---|---|
| For Official Use Only E | 1. FILE NUMBER 541 - 462 | 2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 12 31 2002 | 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/> |
| | 8. MAILING ADDRESS First Name GORDON Last Name ELDRIDGE P.O. Box • Building and Room Number (if any) Number and Street 7801 METRO PARKWAY, STE 200 City BLOOMINGTON State ZIP Code + 4 MN 55425 - <input type="text"/> | | |
| 4. AFFILIATION OR ORGANIZATION NAME AIRCRAFT MECHANICS ASN IND | | | |
| 5. DESIGNATION (Local, Lodge, etc.) LU | | 6. DESIGNATION NUMBER 33 | |
| 7. UNIT NAME (if any) MSP | | | |
| 9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.) | | | |

| | |
|----------------------------|--|
| 75. ADDITIONAL INFORMATION | |
| Item Number | |

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

| | | | | | |
|---|----------------------------------|--|--|----------------------------------|--|
| 76. SIGNED: <u>[Signature]</u> 3-24-03 Date | 952-851-3581 Telephone Number | PRESIDENT (If other title, see instructions.) | 77. SIGNED: <u>Gordon H. Eldridge</u> 3-24-03 Date | 952-851-3580 Telephone Number | TREASURER (If other title, see instructions.) |
|---|----------------------------------|--|--|----------------------------------|--|



During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☐ ☒
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 4 4 7 1

19. What is the date of your organization's next regular election of officers? MO 1 2 YEAR 2 0 0 3

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

| Rates of Dues and Fees | | |
|------------------------|-------------------|---------------------|
| (a) Regular Dues/Fees | \$ 19.10 to 61.70 | per Month |
| | | (Month, Year, etc.) |
| (b) Initiation Fees | \$ 100.00 | |
| (c) Transfer Fees | \$ N/A | |
| (d) Work Permits | \$ N/A | per N/A |
| | | (Month, Year, etc.) |

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒

24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 4 1 - 4 6 2

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

| | ASSETS | | From SCH # | Start of Reporting Period (A) | End of Reporting Period (B) |
|---|-----------------------------------|--|------------------|-------------------------------------|-----------------------------------|
| | Item | | | | |
| ASSETS | 25. Cash..... | | 1 | 4 0 6 7 7 6 | 7 4 4 7 8 4 |
| | 26. Accounts Receivable..... | | | 1 1 9 8 | 8 3 4 |
| | 27. Loans Receivable..... | | | 0 | 0 |
| | 28. U.S. Treasury Securities..... | | | 0 | 0 |
| | 29. Investments..... | | 2 | 0 | 0 |
| | 30. Fixed Assets..... | | 5 | 6 0 6 1 1 | 5 0 3 4 8 |
| | 31. Other Assets..... | | 3 | 4 3 7 5 | 1 1 0 |
| | 32. TOTAL ASSETS..... | | | 4 7 2 9 6 0 | 7 9 6 0 7 6 |
| LIABILITIES | LIABILITIES | | From SCH # | Start of Reporting Period (C) | End of Reporting Period (D) |
| | Item | | | | |
| | 33. Accounts Payable..... | | 8 | 0 | 0 |
| | 34. Loans Payable..... | | | 0 | 0 |
| | 35. Mortgages Payable..... | | | 0 | 0 |
| | 36. Other Liabilities..... | | 4 | 6 8 4 6 | 1 8 1 3 7 1 |
| | 37. TOTAL LIABILITIES..... | | | 6 8 4 6 | 1 8 1 3 7 1 |
| 38. NET ASSETS (Item 32 less Item 37)..... | | | | 4 6 6 1 1 4 | 6 1 4 7 0 5 |

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 4 1 - 4 6 2

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

| CASH RECEIPTS | From SCH # | AMOUNT | CASH DISBURSEMENTS | From SCH # | AMOUNT |
|--|------------|---------------|---|------------|---------------|
| Item | | | Item | | |
| 39. Dues..... | | 1 6 5 0 5 3 7 | 56. To Officers..... | 9 | 4 1 3 6 3 8 |
| 40. Per Capita Tax..... | | 0 | 57. To Employees..... | 10 | 3 2 4 7 4 3 |
| 41. Fees..... | | 0 | 58. Per Capita Tax..... | | 0 |
| 42. Fines..... | | 0 | 59. Fees, Fines, Assessments, etc. | | 0 |
| 43. Assessments..... | | 0 | 60. Office & Administrative Expense.... | 13 | 6 6 5 2 8 3 |
| 44. Work Permits..... | | 0 | 61. Educational & Publicity Expense... | | 0 |
| 45. Sale of Supplies..... | | 0 | 62. Professional Fees..... | | 0 |
| 46. Interest..... | | 4 4 8 6 | 63. Benefits..... | 11 | 2 8 3 7 6 |
| 47. Dividends..... | | 0 | 64. Contributions, Gifts & Grants..... | 12 | 0 |
| 48. Rents..... | | 0 | 65. Supplies for Resale..... | | 0 |
| 49. Sale of Investments & Fixed Assets..... | 6 | 0 | 66. Direct Taxes..... | | 0 |
| 50. Loans Obtained..... | 8 | 0 | 67. Withholding Taxes..... | | 3 6 8 4 3 |
| 51. Repayments of Loans Made..... | 1 | 0 | 68. Purchase of Investments & Fixed Assets..... | 7 | 1 9 4 6 6 |
| 52. On Behalf of Affiliates for Transmittal to Them..... | | 0 | 69. Loans Made..... | 1 | 0 |
| 53. From Members for Disbursement on Their Behalf.... | | 0 | 70. Repayment of Loans Obtained..... | 8 | 0 |
| 54. Other Receipts..... | 14 | 1 9 5 0 2 4 | 71. To Affiliates of Funds Collected on Their Behalf..... | | 0 |
| | | | 72. On Behalf of Individual Members... | | 0 |
| | | | 73. Other Disbursements..... | 15 | 2 3 6 9 0 |
| 55. TOTAL RECEIPTS..... | | 1 8 5 0 0 4 7 | 74. TOTAL DISBURSEMENTS | | 1 5 1 2 0 3 9 |

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

| List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A) | Loans Outstanding at Start of Period (B) | Loans Made During Period (C) | Repayments Received During Period | | Loans Outstanding at End of Period (E) |
|--|---|---------------------------------|-----------------------------------|---------------------------|---|
| | | | Cash (D)(1) | Other Than Cash (D)(2) | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. Totals from additional pages (if any) | | | | | |
| 5. Totals of loans not listed above | 0 | 0 | 0 | 0 | 0 |
| 6. Totals of Lines 1 through 5 | 0 | 0 | 0 | 0 | 0 |
| The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B) | | | | | |

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 5 4 1 - 4 6 2

SCHEDULE 3 - OTHER ASSETS

| Description (A) | Amount (B) |
|---|---------------|
| Marketable Securities | |
| 1. Total Cost | 0 |
| 2. Total Book Value | 0 |
| 3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. (a) None | 0 |
| (b) | |
| (c) | |
| (d) | |
| Other Investments | |
| 4. Total Cost | 0 |
| 5. Total Book Value | 0 |
| 6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. (a) None | 0 |
| (b) | |
| (c) | |
| (d) | |
| (e) Total from additional pages (if any) | |
| 7. Total of Lines 2 and 5 | 0 |
| The total from Line 7 is entered in Item 29, Column (B) | |

| Description (A) | Book Value (B) |
|---|-------------------|
| 1. Prepaid Expenses | 1 1 0 |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. Total from additional pages (if any) | |
| 7. Total of Lines 1 through 6 | 1 1 0 |
| The total from Line 7 is entered in Item 31, Column (B) | |

SCHEDULE 4 - OTHER LIABILITIES

| Description (A) | Amount at End of Period (B) |
|---|-----------------------------------|
| 1. Konica Capital Lease | 3 6 1 2 |
| 2. Member Pro-rata Back Pay | 1 7 7 7 5 9 |
| 3. | |
| 4. | |
| 5. | |
| 6. Total from additional pages (if any) | |
| 7. Total of Lines 1 through 6 | 1 8 1 3 7 1 |
| The total from Line 7 is entered in Item 36, Column (D) | |

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 4 1 - 4 6 2

| Description (A) | Cost or Other Basis (B) | Total Depreciation or Amount Expensed (C) | Book Value (D) | Fair Market Value (E) |
|---|-------------------------------|---|----------------------|-----------------------------|
| 1. Land (give location): NONE | 0 | | 0 | 0 |
| 2. Totals from additional pages (if any) | | | | |
| 3. Buildings (give location): Leaseholds 7801 MetroPky, #200 | 1 3 0 9 3 | 3 7 9 5 | 9 2 9 8 | 9 2 9 8 |
| 4. Totals from additional pages (if any) | | | | |
| 5. Automobiles and Other Vehicles | 0 | 0 | 0 | 0 |
| 6. Office Furniture and Equipment | 8 7 1 3 9 | 4 6 0 8 9 | 4 1 0 5 0 | 4 1 0 5 0 |
| 7. Other Fixed Assets | 0 | 0 | 0 | 0 |
| 8. Totals of Lines 1 through 7 | 1 0 0 2 3 2 | 4 9 8 8 4 | 5 0 3 4 8 | 5 0 3 4 8 |
| The total from Line 8, Column (D) is entered in Item 30, Column (B) | | | | |

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Gross Sales Price (D) | Amount Received (E) |
|--|-----------------------|-------------------|--------------------------|------------------------|
| 1. None | 0 | 0 | 0 | 0 |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. Totals from additional pages (if any) | | | | |
| 6. Totals of Lines 1 through 5 | 0 | 0 | 0 | 0 |
| | 7. Less Reinvestments | | | 0 |
| | 8. Net Sales | | | 0 |
| The total from Line 8 is entered in Item 49 | | | | |

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 4 1 - 4 6 2

| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Cash Paid (D) |
|--|-------------|-------------------|------------------|
| 1. Gateway Computer for Communications Committee | 1 8 2 2 | 1 5 1 9 | 1 8 2 2 |
| 2. Gateway Computer for Airline Representative | 1 1 2 1 | 9 3 5 | 1 1 2 1 |
| 3. Leasehold Improvements - 7801 Metro Parkway, Suite 200, Bloomington, MN | 1 3 0 9 3 | 9 2 9 8 | 1 3 0 9 3 |
| 4. Standards Committee Furniture | 1 6 4 8 | 1 4 5 2 | 1 6 4 8 |
| 5. Totals from additional pages (if any) | 1 7 8 2 | 1 5 5 9 | 1 7 8 2 |
| 6. Totals of Lines 1 through 5 | 1 9 4 6 6 | 1 4 7 6 3 | 1 9 4 6 6 |
| 7. Less Reinvestments | | | 0 |
| 8. Net Purchases | | | 1 9 4 6 6 |
| The total from Line 8 is entered in Item 68 | | | |

SCHEDULE 8 -- LOANS PAYABLE

| Source of Loans Payable at Any Time During the Reporting Period (A) | Loans Owed at Start of Period (B) | Loans Obtained During Period (C) | Repayment Made During Period | | Loans Owed at End of Period (E) |
|---|---|--|------------------------------|---------------------------|---------------------------------------|
| | | | Cash (D)(1) | Other Than Cash (D)(2) | |
| 1. None | 0 | 0 | 0 | 0 | 0 |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. Totals from additional pages (if any) | | | | | |
| 6. Totals of Lines 1 through 5 | 0 | 0 | 0 | 0 | 0 |
| The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34 Column (C) with Explanation Column (D) | | | | | |

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 4 1 - 4 6 2

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) | |
|--|-----------------------------------|---|-------------------|--|-------------------------------|--------------|-------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C)* | | | | | | |
| 1. | MCFARLANE STEVE PRESIDENT | C | 3 8 0 1 9 | 4 5 0 6 | 0 | 0 | 4 2 5 2 5 |
| 2. | LUDWIG TED VICE PRESIDENT | N | 3 4 8 5 9 | 3 6 3 4 | 0 | 0 | 3 8 4 9 3 |
| 3. | GROUT MIKE SECRETARY | C | 5 2 9 1 1 | 1 9 9 9 4 | 0 | 0 | 7 2 9 0 5 |
| 4. | ELDERIDGE GORDON TREASURER | C | 5 5 5 7 8 | 4 3 3 2 | 0 | 0 | 5 9 9 1 0 |
| 5. | BAUMANN MARK SAFETY/STANDARD | C | 1 0 9 1 8 | 4 3 8 5 | 0 | 0 | 1 5 3 0 3 |
| 6. | KETTELKAMP TODD COMMUNICATIONS | N | 7 2 8 | 2 0 7 8 | 0 | 0 | 2 8 0 6 |
| 7. | HOWARD JERRY MESABA REP. | C | 0 | 2 4 6 2 | 0 | 0 | 2 4 6 2 |
| 8. Totals from additional pages (if any) | | | 1 4 7 9 2 3 | 3 1 3 1 1 | 0 | 0 | 1 7 9 2 3 4 |
| 9. Totals of Lines 1 through 8 | | | 3 4 0 9 3 6 | 7 2 7 0 2 | 0 | 0 | 4 1 3 6 3 8 |
| | | | | 10. Less Deductions | | 0 | |
| The total from Line 11 is entered in Item 56 | | | | 11. Net Disbursements | | 4 1 3 6 3 8 | |

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 4 1 - 4 6 2

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|--|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| 1. SCHRÖT JAMIE OFFICE MANAGER | 2 1 8 9 4 | 0 | 0 | 0 | 2 1 8 9 4 |
| 2. WILDS SARA OFFICE MANAGER | 1 4 9 3 9 | 0 | 0 | 0 | 1 4 9 3 9 |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. Totals from additional pages (if any) | | | | | |
| 7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates | 2 8 4 6 8 2 | 3 2 2 8 | 0 | 0 | 2 8 7 9 1 0 |
| 8. Totals of Lines 1 through 7 | 3 2 1 5 1 5 | 3 2 2 8 | 0 | 0 | 3 2 4 7 4 3 |
| | | | 9. Less Deductions | 0 | |
| The total from Line 10 is entered in Item 57 | | | 10. Net Disbursements | 3 2 4 7 4 3 | |

SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 4 1 - 4 6 2

| Description (A) | To Whom Paid (B) | Amount (C) |
|---|------------------------|---------------|
| 1. Employee Health Insurance | Blue Cross Blue Shield | 1 0 9 2 |
| 2. Dental Insurance Reimbursement | Jamie Schrot | 7 4 |
| 3. Employee Health Insurance Reimbursement | Sara Wilds | 1 6 1 7 |
| 4. Bereavement | Florist | 1 0 1 1 9 |
| 5. Total from additional pages (if any) | | 1 5 4 7 4 |
| 6. Total of Lines 1 through 5 | | 2 8 3 7 6 |
| The total from Line 6 is entered in Item 63 | | |

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

| Description (A) | Amount (B) |
|---|---------------|
| 1. None | 0 |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. Total from additional pages (if any) | |
| 8. Total of Lines 1 through 7 | 0 |
| The total from Line 8 is entered in Item 64 | |

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

| Description (A) | Amount (B) |
|---|---------------|
| 1. Bank Service Charges | 2 3 3 |
| 2. Committee Expenses | 1 8 4 4 7 |
| 3. Contract Interpretation | 3 1 0 5 8 |
| 4. Facilities Improvements | 4 8 5 |
| 5. Grievance / Arbitration | 4 6 1 |
| 6. Hotel / Meeting Room | 8 4 1 |
| 7. Total from additional pages (if any) | 6 1 3 7 5 8 |
| 8. Total of Lines 1 through 7 | 6 6 5 2 8 3 |
| The total from Line 8 is entered in Item 60 | |

**SCHEDULE 14 -
OTHER RECEIPTS**

| Description (A) | Amount (B) |
|--|---------------|
| 1. Space Rental | 5 7 |
| 2. Merchandise Sales | 8 0 8 |
| 3. Miscellaneous Income | 4 0 |
| 4. Refunds | 1 5 9 |
| 5. Reimbursed Expenses | 3 4 1 |
| 6. Member Service Income | 1 5 8 6 0 |
| 7. Member Pro-rata Back Pay | 1 7 7 7 5 9 |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. Total from additional pages (if any) | |
| 17. Total of Lines 1 through 16 | 1 9 5 0 2 4 |
| The total from Line 17 is entered in Item 54 | |

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

| Description (A) | Amount (B) |
|--|---------------|
| 1. Payment Capital Lease Obligation | 3 7 0 5 |
| 2. Member Services | 1 9 9 8 5 |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. Total from additional pages (if any) | |
| 17. Total of Lines 1 through 16 | 2 3 6 9 0 |
| The total from Line 17 is entered in Item 73 | |

ORGANIZATION NAME:
AIRCRAFT MECHANICS ASN IND

FILE NUMBER: 5 4 1 - 4 6 2

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|----------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C)* | | | | | |
| HELLMER GEORGE AIRLINE REP. #1 1 | C | 5 2 8 7 0 | 1 5 4 9 4 | 0 | 0 | 6 8 3 6 4 |
| REIS BILL AIRLINE REP. #2 | N | 5 7 6 3 6 | 1 0 7 8 5 | 0 | 0 | 6 8 4 2 1 |
| MATTHEWS JEFF AIRLINE REP. #3 | N | 2 1 8 6 0 | 2 1 2 6 | 0 | 0 | 2 3 9 8 6 |
| ATKINSON JIM LEGISLATIVE OFF | N | 1 5 5 5 7 | 2 5 9 3 | 0 | 0 | 1 8 1 5 0 |
| YOUNG MIKE AIRLINE REP. | P | 0 | 3 1 3 | 0 | 0 | 3 1 3 |
| | | | | | | |
| | | | | | | |
| | | | | | | |

AIRCRAFT MECHANICS ASN IND

FILE NUMBER: 5 4 1 - 4 6 2

12/31/2002

SCHEDULE 7—PURCHASE OF INVESTMENTS AND FIXED ASSETS (continued)[illegible]

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 5 4 1 - 4 6 2

SCHEDULE 11 – BENEFITS (continued)[illegible]

ORGANIZATION NAME:
AIRCRAFT MECHANICS ASN IND

FILE NUMBER: 5 4 1 - 4 6 2

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

| Description (A) | Amount (B) |
|----------------------------|---------------|
| Insurance | 3 2 1 8 |
| Leased Equipment | 2 2 9 7 |
| Negotiation | 1 8 7 5 4 |
| Office Supplies | 1 9 8 3 9 |
| Payroll Service | 3 3 1 9 |
| Postage | 9 5 4 9 |
| Printing | 2 0 7 6 3 |
| Rent | 1 0 0 4 9 7 |
| Telephone / Communications | 2 9 3 8 1 |
| Travel | 9 9 0 7 |
| Training | 1 9 7 1 7 |
| Legal Expenses | 6 0 0 2 |
| Legal Fees | 3 4 6 2 8 9 |
| Audit and Accounting | 6 2 4 9 |
| Communications Consulting | 8 2 7 0 |
| Placement Fee | 5 0 0 0 |
| Other Consulting Fees | 4 7 0 7 |
| | |

ORGANIZATION NAME:

AIRCRAFT MECHANICS ASN IND

FILE NUMBER: 5 4 1 - 4 6 2

ENDING DATE OF PERIOD COVERED:

12/31/2002

75. ADDITIONAL INFORMATION

| Item Number | |
|-------------|---|
| 14 | <p>An external audit is performed by Callahan, Johnston & Associates, LLC.</p> <p>An internal audit is performed every six months by an internal audit committee.</p> |

ORGANIZATION NAME:
AIRCRAFT MECHANICS ASN IND

FILE NUMBER: **5 4 1 - 4 6 2**

ENDING DATE OF PERIOD COVERED:
12/31/2002

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

Trustee Sign: _____ TRUSTEE

Trustee Sign: _____ TRUSTEE

Date

Telephone Number

Date

Telephone Number

ORGANIZATION NAME:
TEAMSTERS AFL-CIO

FILE NUMBER: 0 2 8 - 5 3 5

ENDING DATE OF PERIOD COVERED:
12/31/2002

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

Trustee Sign: *Sam W. [Signature]* TRUSTEE

3/14/03
Date

(715) 835-6106
Telephone Number

Trustee Sign: *Vicki Kramer* TRUSTEE

3/14/03
Date

(715) 835-6106
Telephone Number